

# Winter Sports Tour Health Declaration Form

Full Name

Date of Birth

Home Address

Email

Phone Number

## Emergency Contact

Contact Name

Phone Number

## Medical Information

Existing Medical Conditions

Allergies (inc. food, medication, etc.)

Current Medications

Family Doctor / Clinic

Doctor Contact Number

## **Fitness & Consent**

☐ I confirm I am physically fit to participate in winter sports activities.

☐ I am not suffering from any injury or illness that may affect my participation.

## **COVID-19**

☐ I have not experienced any COVID-19 symptoms or been in contact with a confirmed case recently.

## **Declaration**

☐ I declare that the above information is accurate and complete.

Signature

Date